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## BIB DATA SHEET

CONFIRMATION NO. 6722

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/731,867	12/09/2003	623	3766	1023-336US01	
<b>RULE</b>					
<b>APPLICANTS</b> Carl D. Wahlstrand, Lino Lakes, MN; Darren A. Janzig, Centerville, MN; Ruchika Singhal, Minneapolis, MN; Robert M. Skime, Coon Rapids, MN; Erik R. Scott, Maple Grove, MN; James E. Randall, Coon Rapids, MN;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/431,854 12/09/2002 and claims benefit of 60/471,262 05/16/2003 and claims benefit of 60/503,945 09/20/2003 and claims benefit of 60/503,946 09/20/2003 and claims benefit of 60/507,857 10/01/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/19/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/JESSICA L REIDEL/</u> Examiner's signature	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> SHUMAKER & SIEFFERT, P. A. 1625 RADIO DRIVE SUITE 300 WOODBURY, MN 55125 UNITED STATES					
<b>TITLE</b> Concavity of an implantable medical device					
<b>FILING FEE RECEIVED</b> 1276	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	